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APPLICANTS

Samuel B. Pedersen, Seattle, WA;

** CONTINUING DATA *****
none R.S.

** FOREIGN APPLICATIONS *****
none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 2	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<i>Robert R. Jensen</i> Examiner's Signature Initials				

ADDRESS

Jensen & Puntigam, P.S.
 2033 Sixth Avenue, Suite 1020
 Seattle, WA
 98121

TITLE

Filled bedding construction having channels with alternating length portions

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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